MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/937053

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		2						53						
4		(1)						54						
5		(1)						55						
6		(1)						56						
7		(1)						57						
8		(1)						58						
9		(1)						59						
10		(1)						60						
11		(1)						61						
12		(1)						62						
13		(1)						63						
14	1							64						
15		1						65						
16		2						66						
17		2						67						
18								68						
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44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2							TOTAL IND.						
TOTAL DEP.	18							TOTAL DEP.						
TOTAL CLAIMS	20							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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